U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amende 1 Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2/0/2	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and codress of labor organization.		
Name Martin Deversaux	Name NY & Vicinity District Council of Carpenters		
	Labor Organization File Number 032-922		
P.O. Box, Bidg., Room No., if any 9th Floor	P.O. Box, Building and Room Number, if any		
Street 395 Hudson Street	Street 395 Hudson S:reet		
City New York	City New York		
State New York ZIP Ccdo + 4 10014	State New York ZIP Code + 4 10014		
5. Position in labor organization. Business Representative			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose emp oyees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name NYC Carpenters Labor Management Trust Fund	National Labor Management Conference			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street 395 Hudson Street				
City New York	\$50			
State New York ZIP Code + 4 10014				

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information
submitted in this report (including the information or mained in any accompanying documents), has been exemined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	10/10	who	Desarren	0
	-100	, ,		

On 8/10/2005

212-366-7500

Date

Telephone Number

Name of Person Filing Martin Devereaux	File Number U-						
Part A Continuation Page							
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	1 income or other economic benefit of monetary value from an employer whose						
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name Industry Promotional Fund for WC&CI	Labor Managment meeting						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 125 Jericho Turnpike	7.b. Amount.						
City Jericho	\$175						
State New York Zio Code + 4 11753							
A. Held an interest in, engaged in transactions (including loans) with, or derive employees your organization represents or is actively seeking to represent.	nd income or other economic benefit of monetary value from an employer whose						
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	7.b. Amount.						
City							
State ZIP Code + 4							
211 Code + 4							
A. Held an interest in, engaged in transactions (including loans) with, or derive employees your organization represents or is actively seeking to represent.	ed income or other economic banefit of monetary value from an employer whose						
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bidg., Room No., if any							
Street	7.b. Amount.						
City							

Form LM-30 (2003)

State

Add New Part A

Z:P Code + 4

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Name of Person Filing Martin Devereaux	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or salling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organiza	non		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Ccdo + 4		* ***		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest hold or income received.			
State ZIP Ccd3 + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Codc + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			